

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION		19	03/29/00
O.I.P.E. CLASSIFIER		65373	6-1-00
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Form PTO-436A
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INDEX OF CLAIMS

✓ Rejected N Non-elected
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Claim	Final	Original	Date
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